



The hole in the net

In October of 1992, the news media played up the death of Lance Lawrence, 38, a client of the State's Department of Human Services (DHS) in Hilo, who died as a result of a virulent dental abscess. The implication is that had he been seen and treated earlier, the outcome might have been different.

The full exposé of the facts has not been available to us. What was reported seemed to indicate that a part of the problem was the reluctance of a dentist to treat a Medicaid patient. Many physicians—and undoubtedly many dentists likewise—are disinclined to accept Medicaid patients because the remuneration is lower than the professional's overhead expenses.

This is a societal problem. It has large adverse implications when it comes to health care programs such as Medicaid, Medicare and even indemnity insurance programs.

We physicians have a certain empathy with our colleagues in dentistry; we know that the "business" aspects of practicing medicine have become increasingly burdensome. However, the case of Lance Lawrence is a cause for concern for us physicians, too.

According to the HMA office, 66% of our membership accept Medicaid patients despite the lower fee paid for service; some of these physicians have to limit the number of such patients, or will attend only those who have been on their books for a long time, not accepting new ones. That is quite understandable and

reasonable. Nevertheless, we regret that circumstances are not conducive to raising the percentage to a higher level.

One cannot help but reflect that "in the old days", the solo physician would charge a rich patient more, in order to treat the poor patient for nothing. With the advent of medical insurance and of government welfarism, that era is long gone. Unfortunately, with it has gone some of the "charity" that is supposed to be inherent in the healing professions. The physician does not feel charitable toward the faceless third party payer. The dedicated physician, however, still feels charitable toward his or her patient as an individual, and very often dispenses medical treatment freely. It may or may not show on the books. It is not something we brag about or publicize for the most part.

Charity is inherent in being a professional ("professionals" initially were only 3: Doctors, lawyers and clergy).

Perhaps we as physicians, as we contemplate the inroads of third party payers into the practice of medicine and the current crisis occasioned by the rise of health care's percentage of GNP, need to be reminded that our professionalism demands that we turn no human away who comes to us for succor, without seeing that he or she and the ailment be properly managed.

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Editor

Research with a real purpose

Joseph Humphry MD is an internist at the Waianae Coast Comprehensive Health Center (WCCHC). This a regional clinic that gets both public and private support in providing primary and emergency health care in an outlying community with a high population of the poor, the uninsured and the underinsured. The Hawaii Medical Association supports its existence and its efforts.

The clinic is about 31 miles from Kapiolani Medical Center for Women and Children (KMCWC), a tertiary facility for high-risk pregnant women and their neonates pre- and post-delivery. During peak hours of traffic congestion, it may well take 2 hours for an ambulance to transport a patient. Until St Francis West opens an obstetrical unit, there are no facilities in the Waianae region, or anywhere closer than KMCWC, even for normal uncomplicated deliveries. If the one ambulance stationed there is out, it takes some time for another to come from Wahiawa.

Humphry says that WCCHC manages 400 obstetrical cases a year and estimates that perhaps twice that number of women in the region have babies delivered each year. He also estimates that 60% of them are in the Medicaid category.

In perusing the article, the reader will quickly see how Humphry's findings prove that excellent medical care in an outlying facility, in close contact with the tertiary facility by electronic communication, and good rapport between the primary care providers and the consultants, not only improves the outcome but saves dollars. "Prevention is better than cure" is an age-old adage that still holds true, particularly in the case of pregnant diabetic women who are the subject of the article.

The teamwork entailed in such an endeavor is an essential ingredient of success; however, it is very difficult to assess the savings in dollars as compared with the \$25,000 to \$50,000 spent on a low-birthweight neonate that needs to be in the pediatric intensive care unit for very long.

The WCCHC effort is worth the nominal support of HMA; would that support could be a bit more tangible!

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